

S. No. 2  
M-1/47  
v. 5-17-39

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22320**  
Registrar's No. **5940**

**FILED JUN 30 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town **St. Louis, Missouri.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community..... (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State..... **Mo.** (b) County.....  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4850 Milentz Ave.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **GEORGE HILD**  
3. (b) If veteran, name war..... **None** 3. (c) Social Security No. ....  
4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife..... **Anna** 6. (c) Age of husband or wife if alive..... **73** years  
7. Birth date of deceased..... **Oct. 12 1866**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **18th**  
year..... **1947** hour **12:00** minute **Noon** M.  
21. I hereby certify that I attended the deceased from **5/3/47**  
....., 19....., to **June 18th**, 19 **47**  
that I last saw him **in** alive on **June 18th**, 19 **47**  
and that death occurred on the date and hour stated above.  
Duration

8. AGE: Years Months Days If less than one day  
**80** **8** **6** hr. min.

Immediate cause of death.....  
**Generalized arteriosclerosis**  
Due to.....  
Due to.....  
Other conditions..... **Senile psychosis**  
(Include pregnancy within 3 months of death)  
**simple deterioration**  
Major findings:  
Of operations.....  
Of autopsy..... **none**

9. Birthplace..... **St. Louis Mo.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Grocery Store Prop.**  
11. Industry or business.....  
12. Name..... **Xavier Hild**  
13. Birthplace..... **France**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Louise Sherman**  
15. Birthplace..... **France**  
(City, town, or county) (State or foreign country)  
16. (a) Informant..... **Mrs. Charles Schott**  
(b) Address..... **4850 Milentz Ave.**  
17. (a) **Cremation** (b) Date thereof **6 21 47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Valhalla Crematory**  
18. (a) Signature of funeral director..... **Kriegshauser Und. Co.**  
(b) Address..... **4228 So. Kingshighway Bl.**  
19. (a) **JUN 19 1947** (b) **J. F. Bresick**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)  
While at work?..... (e) Means of injury.....  
23. Signature..... **Quincy Hild** (M. D. or other) **J. D.**  
Address..... **1515 Lafayette** Date signed..... **6/18/47**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Richard W. Stovesand*

Licensed Embalmer No.

*4007*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.